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## EDITORIALS†

### ON PUBLIC RELATIONS AND GOOD WILL

**The Institution of "Committees on Public Relations."**—During the last twenty-five years, an increasing number of state medical associations and their component county units, through by-law authority, have brought into being "committees on public relations."

Why?

The answer is found in the medical profession's gradual recognition of the importance of having scientific medicine represented by constituted groups, upon whose members may devolve the responsibility of maintaining, with an inquiring public, adequate and proper relations on matters of mutual concern.

\* \* \*

**Medicine Must Adapt Itself to a Rapidly Changing World.**—During the last one or two decades, physicians throughout the land have begun to appreciate more and more that the industrial and somewhat collectivist period in which the world now lives has developed everywhere a change of mental attitude toward the medical profession. It may be true that this change, reflected in the relations which have always existed between individual patients and their respective personal physicians, to some may not at once seem so evident, but certainly a difference in feeling toward physicians, as a group, has become more than noticeable. Equally true it is that these distressing changes of thought and spirit are interlocked with economic, social welfare and other factors, over which the medical profession has little control.

When this spirit of doubt concerning the organized medical profession, which exists in the minds of a multitude of citizens, is analyzed, it is observable that with many laymen the distrust to which reference has been made has progressed into a phase of passive or active criticism, and in some cases even to marked antagonism toward the profession.

Fortunately, the medical profession has been able to comfort itself with the thought that these adverse elements have arisen, in good part, from a misunderstanding or lack of information concerning the mission and unselfish services that always—and today as much as in the past—have been rendered by physicians, not only in general public health activities, but through personal service

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

to a very large number of citizens having insufficient means, and the care of whose physical and mental ills has always been generously and unostentatiously assumed by physicians as part of their life calling.

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**Defensive Must Give Way to Offensive Methods.**—However, today such good deeds are not enough to prevent onslaughts against scientific and organized medicine. Public health and altruistic service to the poor, in one sense, may be classed only as defense measures against the antagonists of the medical profession. What is needed is something more, namely, procedures for offense against the forces which, maliciously or otherwise, would tear down the system of medical practice, in order to try out plans that must assuredly lead only to a less devoted allegiance to the protection of the public health, and a poorer quality of medical service.

Moreover, such theoretical plans, once governmentally adopted, would be more than apt to make impossible the restoration of our present system; a system in which opportunity is given to every physician to produce his very best for the public health in the advancement of personal medical service.

\* \* \*

**Unbeliefs of Certain Propagandists.**—Let it not be forgotten that some of the self-anointed lay reformers of medical practice are so obsessed with their ideas and exploitations that they seem altogether unable to comprehend that something must be at fault in their reasoning when they would tear down existing systems of practice that have given to these United States the lowest morbidity and mortality records of any civilized nation of the world. Many of these theorists and propagandists are also reluctant to acknowledge that, in America, the existing system of medical service is in harmony not only with the traditions of our land, but also with the well-considered conclusions and opinions of the great majority of physicians who are now in practice.

Owing to the extensive propaganda that has been carried on in the press and on lecture platforms against American Medicine, a situation has arisen in which the medical profession is confronted, not with a theory, but a fact, namely, that a changed and unfavorable reaction toward the medical profession as a whole has been created during recent years among many otherwise intelligent citizens who under former conditions, would have been friends and helpful proponents.

\* \* \*

**How May Existing Conditions Be Remedied?** The question to be answered, then, is the determination of what are the best ways and means that will bring about a change in the thought and action of citizens whose kindly understanding of the medical profession has been alienated through the activities of well-meaning or other types of propagandists?

\* \* \*

**"Committees of Public Relations" Should Be "Committees of Good Will."**—It is just here that Committees on Public Relations can be of great

value to public health and medical profession interests. For a "Committee on Public Relations" that does its work well is, in one and a real sense, nothing else than a "Committee on Good Will."

It may be quite true that many physicians feel that the merit of their altruistic and other services should make unnecessary any resort to measures that partake of the nature of organized effort to bring about, among all citizens, a clearer understanding and good will toward the medical profession. Nevertheless, when existing conditions are frankly studied, it must be apparent that the existence of good will is a necessary foundation element if scientific medicine and medical practice are to be maintained and developed as in the past, namely, through tried evolutionary methods rather than untried revolutionary theories.

\* \* \*

**Observations Concerning a Meeting Recently Attended.**—The meaning and value to a business, of proper understanding by the public, was thrust upon us the other evening at a meeting of the Pacific Railway Club, to which the editor had been invited. The four speakers were the representatives of the public relations departments of the American Association of Railways, the Santa Fe, the Union Pacific and Southern Pacific Railway Companies, organizations representing investments of millions and millions of dollars. In the early years of their development, it may be truthfully said that their executives probably paid little or no attention to maintaining cordial relations with the public; certainly not along the lines under which their committees on public relations of the present period so ably function.

It was illuminating to hear these four key men of their respective organizations, in their addresses, always come back to the basic proposition: that every employee, no matter how humble his position, was construed to be a real factor in promoting the interests and further development of his particular company; and that the success of each railway rested upon the composite influence produced by all the employees upon the public as a whole; and particularly among those groups with whom they had business or other contacts.

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**Application to the Profession of Medicine.**—That thought transposed, therefore, when made to apply to the medical profession, could then be stated in somewhat the following terms:

1. The place occupied by the medical profession in the public mind is largely that which is made by individual physicians as they work with the groups of citizens who come to them as patients.
2. The reaction of the individual citizen toward the medical profession, as a whole, will depend in good part upon the relations which that particular citizen has had with individual members of the medical profession, both professionally and otherwise.
3. A favorable opinion by the public concerning organized medicine must have as a basis a clear understanding by the public, that the objectives of the medical profession always center around the highest quality of personal medical service, and

the promotion of public health interests, through procedures mutually acceptable.

Or, to put it otherwise, individual citizens primarily judge the medical profession by the kind of service and consideration they receive from individual physicians. However, the composite thinking and conclusions of the public at large, while based largely and mostly upon the above, are also dependent upon, and in no small measure, on how the constituted exponents of organized medicine conduct themselves in relation to public interests, in so far as the conservation of health and life are concerned.

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**In Conclusion.**—The thought may be suggested that governmental supervision or domination of medical practice will not work for the advancement of scientific medicine. Also, that scientific medicine in the existing world is greatly dependent for the protection of its interests and progress upon organized medicine.

The task, then, of organized medicine is to convince the public that the objectives of scientific and organized medicine, as they now exist—with evolutionary modifications from within, as may be needed from time to time—are designed to and do promote, better than through other suggested systems, the conservation of public and personal health.

Also, that in these endeavors, in order to safeguard the existing system of medical practice, every physician has a real place; his individual services becoming a part of the record of achievement that will make it possible for medical committees on public relations (good will) to properly function as promoters of scientific medicine and the conservation of the public health. Wherefore, again to emphasize the importance of the rôle of the individual physician in his relations to the public, these comments are submitted.

#### FALL AND WINTER POSTGRADUATE CONFERENCES IN CALIFORNIA

**Value of Graduate and Clinical Conferences.** Medical men and women are almost a unit in their approval of the value and desirability of graduate refresher courses, no matter by what name such courses may be designated (postgraduate or intermittent courses, clinical conferences, refresher meetings, or graduate assemblies). The unanimity of opinion concerning the commendable objectives is not supported, however, by equally unanimous effort in promoting the success of courses that are offered. Experience in many states and communities has demonstrated, and on many occasions, that in order to make a graduate or clinical conference measure up in proper results, the whole-hearted support of one or more committeemen is needed; not only in planning the course, but in constantly being on the job until the program is carried through to successful completion. A major problem, therefore, which state postgraduate committees are called upon to solve, is to find and secure the appointment of a local committee, whose members will complete, in efficient manner, program

arrangements that may have been made for their district.

\* \* \*

**Postgraduate Committees: Careful Selection Necessary.**—Officers of county medical societies bear a large share of the responsibility in this matter since it is they who usually appoint members of a postgraduate committee. If a local committee is not well selected, the following results may soon become evident: (1) money expended is wasted, at least in part; (2) guest speakers and demonstrations have been robbed of time that busy men can put to better advantage; and (3) physicians living in the community in which a conference is scheduled, and who disarrange their office hours to permit attendance, likewise are losers when a postgraduate or clinical conference has been poorly managed.

With this foreword on some of the difficulties met with in the promotion of graduate meetings, appeal may be made to the program committee of every component county unit of the California Medical Association to give serious thought to plans for a clinical or refresher course conference, to be held at some convenient time during the next several months.

\* \* \*

**Factors to Be Considered.**—State medical associations sponsoring postgraduate assemblies have been most successful when working along lines that are in harmony with local facilities and needs. The local committee must decide, therefore, what city or place of the district is the best center, in relation to geographical territory to be covered, and to transportation, institutional, and other conditions.

Next comes decision on the scientific topics that will probably have greatest value and appeal to the physicians expected to participate in the clinics. Connected therewith, naturally, is the problem of securing an adequate amount of clinical material.

Then it must be determined who shall be the guest speakers, and consideration must be given to their reputations, not only regarding their knowledge of subjects to be discussed, but also their ability to make such discussions both interesting and of the most practical value. The problems of furnishing transportation, with its attendant cost and the attendance time of such special speakers, and provision for other hospitality, must also not be forgotten.

Finally, the days and hours on which conference or sessions are to be held should be settled. Concerning these items, it should be stated that, by and large, more men may find it possible to attend on Saturday afternoons (say between 4 and 6 o'clock in the afternoon), with a follow-up or after-dinner meeting between 8 and 10. In a two-day conference, the Sunday morning meeting can be arranged to run from 9 o'clock until noon, leaving the afternoon free for fraternal or social programs. However, during the open seasons for hunting ducks and other game in California, other days may be preferred.

In the near future, postgraduate committees will receive further information from the Association Secretary, who also functions as the secretary of